



**Celebration of Faith Fund
Grant Application
Religious Education Program (PREP) Grant**

Parish: _____

Address: _____

Phone number(s): _____ Email address: _____

Pastor's Name: _____

Cell Phone Number: _____ Email: _____

RE Director Name: _____

Cell Phone Number: _____ Email: _____

Grant Application Contact: _____

Cell Phone Number: _____ Email: _____

Religious Education Program Grant: Amount of money requested: \$ _____
Pastors Initials _____

Application Deadline: May 1

Please answer the following questions in the space provided, or on another piece of paper

1. Please describe your current RE Program, including curriculum and number of students.

2. Please describe the program you intend to offer for the next school year (starting next August), including curriculum and number of students.

3. Please provide details about why PREP funding is needed to support your RE Program.

4. Please provide (below or attach) a detailed budget for how the funds will be utilized (i.e. – online shopping cart print out detailing 12 - 2nd Grade books at \$15.99 each).

Terms and Conditions:

The *Celebration of Faith Grant* to your parish from the *Central Washington Catholic Foundation* (CWCF) is solely for the purpose described in your application and is subject to your acceptance of the following terms and conditions:

1. Funds are to be used only for the express purpose described in the proposal and must be consistent with Catholic moral teachings. The CWCF must approve any modifications in advance.
2. The parish agrees to list CWCF among its funders/contributors.
3. The parish gives permission to CWCF to use the parish's name, project description, photos and other information in CWCF promotions.
4. The parish will return to CWCF any unexpended funds. Funds will also be promptly returned if it is determined that the parish is using the funds in a manner inconsistent with Catholic moral teachings.
5. The parish will submit a written report, not to exceed two pages, which summarizes the activities where grant funds have been utilized and which provides a full accounting of the expenditures. This report is due upon expenditure of funds and no later than 90 days after receiving funds. Extensions may be requested in writing. **Pastor Initials** _____
6. The parish will submit digital photographs and/or video footage of their RE program no later than August 1st that CWCF will be able to use in publicity.

As Pastor of _____,
(Please print or type your parish's legal name as to appear on CWCF check.)

I approve this proposal and have read, understand, and agree to abide by the terms and conditions set forth herein.

(Signature of Pastor) _____ Date